

<i>Jones</i> SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY											
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">A. Signature <i>X Taylor</i></td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td>B. Received by (Printed Name)</td> <td>C. Date of Delivery <i>8/8/05</i></td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </td> </tr> <tr> <td colspan="2">4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</td> </tr> </table>		A. Signature <i>X Taylor</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name)	C. Date of Delivery <i>8/8/05</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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1. Article Addressed to: Hon. Troy King Attorney General for the State of Alabama 11 South Union Street Montgomery, AL 36130		<i>2:05cv701 (pet + order 20 days)</i> 7004 2510 0001 0150 7225 <small>Domestic Return Receipt</small>											
2. Article Number <small>(Transfer from service label)</small>		<small>102595-02-M-1540</small>											

PS Form 3811, February 2004